



CITY OF COVINGTON  
Community Development Department  
16720 SE 271st Street • Suite 100 • Covington, WA 98042  
Phone: (253) 480-2400 • Fax: (253) 480-2401  
www.covingtonwa.gov

## RESIDENTIAL BUILDING PERMIT APPLICATION

<b>PROJECT ADDRESS:</b> _____ <b>PARCEL NUMBER:</b> _____ <b>SUBDIVISION NAME:</b> _____ <b>LOT#</b> _____	<b>FOR STAFF USE ONLY</b> <b>Permit Number:</b> _____ <b>Application Date:</b> _____
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### CONTACT INFORMATION

<b>PRIMARY CONTACT PERSON</b> <span style="float: right;"><input type="checkbox"/> Applicant</span> Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail: _____	<b>PROPERTY OWNER</b> <span style="float: right;"><input type="checkbox"/> Applicant</span> Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail: _____
<b>CONTRACTOR</b> <span style="float: right;"><input type="checkbox"/> Applicant</span> Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail: _____ State Contractor's License #: _____ UBI #: _____	<b>ENGINEER</b> <span style="float: right;"><input type="checkbox"/> Applicant</span> Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail: _____
<b>Lender/Bond Issuer:</b> _____ Address: _____ Phone: _____	<b>ARCHITECT</b> <span style="float: right;"><input type="checkbox"/> Applicant</span> Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail: _____

### BUILDING INFORMATION

<b>PROJECT DESCRIPTION:</b> _____ _____ _____	<b>VALUATION: \$</b> _____
<b>Type of Work:</b> <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Other: _____	

Dwelling sq. ft.		No. of bedrooms		No. of dwelling units	
Garage sq. ft.		No. of bathrooms		Lot area	
Decks sq. ft.		<input type="checkbox"/> Well <input type="checkbox"/> Water District:		Zoning	
Covered porch sq. ft.		<input type="checkbox"/> Septic <input type="checkbox"/> Sewer District:		Building height	

Mechanical Units	No.	Fee, each	Total
Gas piping system, 1-5 outlets		\$10	
- Additional outlets, each		\$6	
Furnace		\$23	
Furnace, over 100,000 BTU		\$27	
Dryer (gas)		\$15	
Range hood		\$15	
Range (gas)		\$15	
Water heater (gas)		\$15	
Wood stove/insert		\$15	
Fireplace		\$15	
Fireplace logs (gas)		\$15	
Heat pump		\$15	
Gas radiant heater		\$23	
Ventilation fan/duct		\$12	
Appliance vent		\$12	
Misc. appliance		\$15	
Other: _____			
Issuance fee		\$51	
<b>SUBTOTAL OF MECHANICAL FEES</b>			

Plumbing Units	No.	Fee, each	Total
Bathtub		\$12	
Bath/shower combination		\$12	
Clothes washer		\$12	
Dishwasher		\$12	
Hose bib		\$12	
Kitchen sink		\$12	
Laundry tub/tray		\$12	
Lavatory (bathroom sink)		\$12	
Shower		\$12	
Toilet/water closet		\$12	
<b>SUBTOTAL FIXTURES/TRAPS</b>			
Repair/alter drain waste/vent		\$12	
Water heater/vent (electric)		\$12	
Gas piping system (1-5 outlets)		\$10	
- Additional outlets, each		\$6	
Other: _____			
Issuance fee		\$39	
<b>SUBTOTAL OF PLUMBING FEES</b>			

I **acknowledge** that an application for a permit for any proposed work that has not resulted in the issuance of a permit within 180 days of the date of filing shall be deemed to have been abandoned.

I **certify** that as a contractor I am currently registered and properly licensed as defined in RCW 18.27, or as a property owner, I am exempt from the requirements of the contractor registration and will do all my own work or use properly licensed subcontractors in connection with the work to be performed under this permit.

I **certify** that I have read and examined this application and know the same to be true and correct, and that if any of the information provided is incorrect, the permit or approval may be revoked.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date